DEVELOPING HEALTHY COMMUNITIES:

A Risk and Protective Factor Approach to Preventing Alcohol and Other Drug Abuse

Alcohol and other drug abuse is the root cause of many of the serious problems facing the United States and is conservatively estimated to cost Americans billions of dollars each year. The problem strains our health care, social service, education, and legal systems. There is an immeasurable emotional and financial toll on families.

Substance abuse prevention programs have been successful in reducing substance abuse; however, making significant progress is not easy. Many of the problems are intertwined with values, norms, attitudes, and beliefs which run counter to reducing problems and strengthening families and communities.

Many state, county, and local prevention programs are now focusing their prevention planning around a strong theoretical foundation: the risk and protective factor model. The strategy includes state, county, and community risk and resource assessments that are used for policy development, program planning, resource allocation, and developing outcome measures. It also involves targeting interventions in a comprehensive way to reduce community priority risks and to increase protection for families and communities.
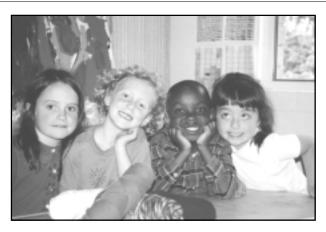
Just as medical researchers have found risk factors for heart disease, such as diets high in fat, lack of exercise, and smoking, research has defined a set of risk factors for drug abuse. We know the presence of more risk factors of heart disease, the greater the likelihood a person will suffer a heart attack. This is also true with risk factors for drug abuse.

Risk and protective factor-focused prevention is based on a simple premise: to prevent a problem from happening, we need to identify the factors which increase the risk of that problem developing and then find ways to reduce the risk. At the same time, we must also identify those factors which buffer individuals from the risk factors present in their environments and then find ways to increase the protection.

Risk and protective factor-focused prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington in Seattle. In the early 1980s, they conducted a review of thirty years of youth substance abuse and delinquency research and identified risk factors for adolescent drug abuse and delinquency. They have continually updated this review. Other researchers, including Joy Dryfoos, Robert Slavin, and Richard Jessor, have reviewed the literature on behavior problems, such as school dropout, teen pregnancy, violence, and the identified risk factors of these problems. Young people who are seriously involved in either juvenile delinquency, substance abuse, school dropout, teenage pregnancy, or violence are more likely to engage in one or more of the other problem behaviors. Furthermore, all of these teen problems share many common risk factors.

Before looking at the risk factors and the problems they predict, it is important to establish a working definition of the terms "delinquency" and "violence." For our purposes, delinquency is defined

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as "crimes committed by juveniles under 18." Violence is defined as "acts against a person that involve physical harm or the threat of physical harm."

The primary focus of substance abuse prevention programs is reducing substance abuse; however, since problem behaviors, including substance abuse, violence, delinquency, teenage pregnancy, and school dropout share many common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

All across our country, adults concerned about the healthy development of young people are searching for answers to the behavior problems of alcohol and other drug abuse, delinquency, violence, school dropout, and teen pregnancy. How do we step ahead of the problems with solutions which are far-reaching and lasting?

Research has shown there are a number of risk factors that increase the chances of adolescents developing health and behavior problems. Equally important is the evidence that certain protective factors can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young people's development, we can prevent these problems and promote healthy, pro-social growth.

IDENTIFYING RISK FACTORS AND THE PROBLEM BEHAVIORS THEY PREDICT

The following is a summary of the research-based risk factors and the problem behaviors they predict (in parentheses).

COMMUNITY RISK FACTORS

• *Availability of Drugs* (Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

• *Availability of Firearms* (Delinquency and Violence)

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

• *Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime* (Substance Abuse, Delinquency and Violence)

Community norms – the attitudes and policies a community holds about drug use and crime - are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of the community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use.

When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The "Beer Gardens," popular at street fairs and community festivals frequented by young people, are in contrast to the "Just Say No" messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had little effect on violent crime and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. A number of studies suggest the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms which include lack of proactive monitoring or enforcement of the laws.

• *Media Portrayal of Violence* (Violence)

The effect of media violence on the behavior of viewers (especially young viewers) has been debated for over three decades. Research over that time period has shown a clear correlation between media violence and the development of aggressive and violent behavior. Exposure to media violence appears to impact children in several ways. First, children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies. Second, media violence appears to alter children's attitudes and sensitivity to violence.

• *Transitions and Mobility* (Substance Abuse, Delinquency, and School Dropout)

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior, and delinquency result. When communities are characterized by frequent nonscheduled transition rates, there is an increase in problem behaviors.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

• Low Neighborhood Attachment and Community Disorganization *(Substance Abuse, Delinquency, and Violence)*

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods.

The less homogeneous a community is in terms of race, class, and religion, the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives.

If the key players in the neighborhood—such as merchants, teachers, police, human and social services personnel—live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

• Extreme Economic Deprivation *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence. Children who live in these areas—and have behavior and adjustment problems early in life—are also more likely to have problems with drugs later on.

FAMILY RISK FACTORS

• Family History of the Problem Behavior *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

• Family Management Problems *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

• Family Conflict *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver, children raised in families high in conflict appear to be at risk for all of the problem behaviors. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

• Parental Attitudes and Involvement in Drug Use, Crime, and Violence *(Substance Abuse, Delinquency, and Violence)*

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior - for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator – there is an increased likelihood that their children will become drug abusers in adolescence.

SCHOOL RISK FACTORS

• Early and Persistent Antisocial Behavior *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

Boys who are aggressive in grades K-3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior very early in childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

• Academic Failure Beginning in Elementary School
(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons. It appears that *the experience of failure*—not necessarily ability—increases the risk of problem behaviors.

This is particularly troubling because, in many school districts,

African American, Native American, and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

• Lack of Commitment to School *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

Low commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

In many communities of color, education is seen as a "way out," similar to the way early immigrants viewed education. Other subgroups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have "sold out" to the majority culture. Young people who adopt this view are likely to be at higher risk for health and problem behaviors.

INDIVIDUAL/PEER RISK FACTORS

• Alienation/Rebelliousness *(Substance Abuse, Delinquency, and School Dropout)*

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may respond by removing themselves from the

dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing or marrying outside of the culture, may well interfere with a young person's development of a clear and positive racial identity.

• Friends Who Engage in the Problem Behavior
(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Young people who associate with peers who engage in problem behavior—delinquency, substance abuse, violent activity, sexual activity, or school dropout—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

• Favorable Attitudes Toward the Problem Behavior
(Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

• Early Initiation of the Problem Behavior *(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)*

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school, and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

• Constitutional Factors *(Substance Abuse, Delinquency, and Violence)*

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

• Risks Exist in Multiple Domains

Risk factors exist in all areas of life. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks across several areas.

• The More Risk Factors Present, the Greater the Risk

While exposure to one risk factor does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate all the risk factors which are present, reducing or eliminating even a few risk factors may significantly decrease problem behaviors for young people in that community.

• Common Risk Factors Predict Diverse Problem Behaviors

Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to affect a number of different problems in the community.

• Risk Factors Show Much Consistency in Effects Across Different Races and Cultures

While levels of risk may vary in different racial or cultural groups, the way in which these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.

• Protective Factors May Buffer Exposure to Risk

Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problem behaviors arising.

PROTECTIVE FACTORS

Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts, or teen parents. Balancing the risk factors are protective factors—aspects of people's lives that counter or buffer risk. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

• Individual Characteristics

Research has identified four individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: gender, a resilient temperament, a positive social orientation, and intelligence. Intelligence, however, does not protect against substance abuse.

• Bonding

Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.

To build bonding, three conditions are necessary: opportunities, skills, and recognition. Children must be provided with opportunities to contribute to their community, family, peers, and school. The challenge is to provide children with meaningful opportunities that help them feel responsible and significant.

Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.

• Healthy Beliefs and Clear Standards

The people to whom youth are bonded need to have clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers, and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

ACTIVELY CREATING HEALTHY COMMUNITIES

Research supports the importance of a community focus.

• Risk and protective factors are found in all aspects of the community: schools, families, individuals, and the community. Community efforts can affect the entire local environment, including community norms, values, and policies.

• Because substance abuse is a phenomenon influenced by multiple risk factors, its prevention may be most effectively accomplished with a combination of interventions.

• A community-wide approach promotes the development of strong bonds to family, community, and the school.

• Because community approaches are likely to involve a wide spectrum of individuals, groups, and organizations, they create a base of support for behavior change. The firm support of community leaders and their involvement in a prevention effort are likely to lead to long-term behavior change. This reallocation of resources to reduce risk factors and enhance protective factors becomes feasible with support from community leaders.

• Programs and strategies gradually become integrated into the regular services and activities of local organizations and institutions. The community-wide focus creates a synergy; the whole is more powerful than the sum of its parts.

• Because many attempts to change families, schools, and other institutions have operated in isolation, they have had limited success. For meaningful change to occur, multiple interconnected forces of the community must begin to share a common vision and agenda.

STEPS TO SUCCESSFUL PREVENTION PLANNING

Step 1: Is your community ready for prevention? (Assess community readiness)

Step 2: What are your community's greatest needs for prevention? (Conduct an assessment that measures risk and protective factors)

Step 3: Which risk and protective factors are your priorities? (Using assessment data to prioritize risk and protective factors)

Step 4: What resources already exist in your community that address the risk and protective factors that you have prioritized? (Conduct a resource assessment)

Step 5: Where will you target your prevention efforts? (Identify gaps, including selecting universal, selective, or indicated populations)

Step 6: Which prevention strategies have been shown through research to be effective? (Select scientifically-defensible best practices to implement to fill the gaps identified)

Step 7: How will you evaluate your prevention program? (Conduct evaluation planning, implementation, analysis, and use results for future program planning)

To assist you with the above tasks, view the WestCAPT Prevention Planning web-site (at "www.unr.edu/westcapt" — click on "prevention program planning and best practices") for information and tools which have been developed by researchers and prevention practitioners across the country.

Substance abuse prevention resources in Nevada:

Department of Human Resources–Health Division

Bureau of Alcohol and Drug Abuse
- Carson City (775) 684-4190
- Las Vegas (702) 486-8250

Nevada Alcohol and Drug Information System Associate Centers
- CASAT Clearinghouse–Reno (775) 784-6336
- BEST Clearinghouse–Las Vegas (702) 385-0684

The National Clearinghouse for Alcohol and Drug Information NCADI (800) 729-6686

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